

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 08/01/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/02/2005						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0		0
3404904	WESTERN HIGHLAN DS LME	11	773	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	245	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	1254	8509	7255
		21	130	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5308	93	PRIOR AUTHORIZED UNITS EXCEED D	20	507	6538	6029
		8621	49	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTY ENTAL HEALT	5308	24	PRIOR AUTHORIZED UNITS EXCEED D				
		191	14	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	53	309	256
		11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	21	3181	DUPLICATE OF CLAIM-SYSTEM				
		8599	1328	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1138	7331	15159	7828
		11	803	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	11	119	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	109	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	258	1361	1103
		8329	15	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5308	50	PRIOR AUTHORIZED UNITS EXCEED D	43	307	4200	3893
		8931	34	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	5308	408	PRIOR AUTHORIZED UNITS EXCEED D				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	652	2065	1413
		167	40	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	8599	547	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	110	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	850	6609	5759
		8329	68	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	322	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	49	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	483	2009	1526
		5308	30	PRIOR AUTHORIZED UNITS EXCEED D				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	348	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE	140	850	6835	5985
		8931	114	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404927	CUMBERLAND CO M HC	8599	206	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	52	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	13	410	3851	3441
		8622	37	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	3	23	20

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	59	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	13	286	6713	6427
		21	40	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5	18	894	876
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	13	19	6
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8932	11	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	22	35	253	218
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe WASH MNTL HLTH C	21	142	DUPLICATE OF CLAIM-SYSTEM				
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD	1	154	1093	939
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	NEUSE MENTAL HE ALTH CENTER	5308	168	PRIOR AUTHORIZED UNITS EXCEEDS D				
		21	166	DUPLICATE OF CLAIM-SYSTEM	1	533	1535	1002
		5404	86	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				
3404941	PITT CO MH/DD/S AS CENTER	8599	437	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	146	CLIENT NOT ELIGIBLE ON SERVICE DATE	46	1086	4036	2950
		21	119	DUPLICATE OF CLAIM-SYSTEM				

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3404942	ROANOKE CHOMANH UMAN SERVIC	8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	14	45	1240	1295
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	46	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8931	28	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	44	141	1394	1253
		21	27	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HOMA N SERVICES	8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		5308	26	PRIOR AUTHORIZED UNITS EXCEEDS D	9	77	1921	1844
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	807	DUPLICATE OF CLAIM-SYSTEM				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	858	1899	1041
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL HEALTH CTR	8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE	18	81	554	473
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	75	7013	6938